FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90038 048 ***150.00

DOCUMENT #	V54036
	TOTUUU

1. Corporation Name

HARMONY MANAGEMENT, INC.

Principal Place of Business Mailing Address							a tillatt attillat attit atilte natill terta	. Mitt Willet Ata	et Brutt Giait &	IELL GLELL LEEL
% JOHN HAGERTY % JOHN HAGERTY						ł				
4400 EL CONQUISTADOR PARKWAY 4400 EL CONQUISTADOR PA			ARKWAY							
BRADENTON FL 34282 BRADENTON FL 34282					<u> </u> _	DO NOT WRITE IN THIS SPACE				
ı						i i	3. Date Incorporated or Qualifed			
		10 11-11					07/29/1992			
<u> </u>	lace of Business	2a. Mailing	Address			Į.	4. FEI Number		_ 	olied For
21 Suite Ant	и от-	26 Suite 1	Apt. #. etc.				65-0350297			t Applicable
Suite, Apt.	#, etc.	<u> </u>	хрι. #, етс.				5. Certifcate of Status Desired		\$8.75 A	
City & Stat	la .	27 City &	State							
23	ic.	28	State] '	Election Campaign Financing Trust Fund Contribution		\$5.00°t Added to	
Zip	Country	Zip		Country				t voor Intor		71-663
24	25	29	30	~າ ໌	8. This corporation owes the current year Information Personal Property Tax.			•		□No
	9. Name and Address of Current			<u>'</u>			0. Name and Address of New Reg			
				81	Name			,	<u> </u>	
HAG	GERTY, JOHN									
4400	DEL CONQUISTADOR PARKWAY			82	Street	Address	(P.O. Box Number is Not Acceptable	e)		
BRA	DENTON FL 34282			83						
ł				<u></u>						
}				84	City			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508.	Florida Statutes	the above	-named	corporat	ion submits this statement for the pu		hanging its	registered
l office or r	egistered agent, or both, in the State o	f Florida, Such	change was auth	orized by t	the corpo	oration's	board of directors. I hereby accept t	the appoint	ment as reg	istered
1	m familiar with, and accept the obligati	ons oi, Section	607.0505, Florida	a Statutes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	(NOTE: Re	gistered Agen	t signature n	enuired whe	ng reinstating)	DATE		
12.	OFFICERS AND		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13,			ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	VP		DELETE	1.1 TITLE		T			Change	Addition
NAME	DELL'ARMI, DANIEL			1.2 NAME		}			•	
STREET ADDRESS	421 BAYSIDE LANE			1.3 STREET	ADDRESS		•			
CITY-ST-ZIP	NOKOMIS FL			1.4 CITY-ST	-7IP	ĺ				1
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			□ offere	2.2 NAME	ADODESS			!	☐ Change	☐ Addition (
}	421 BAYSIDE LANE		□ o∉feie	2.2 NAME 2.3 STREET				. !	Change	☐ Addition
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CITY-ST-ZIP TITLE NAME	421 BAYSIDE LANE NOKOMIS FL DP HAGERTY, JOHN -512 HARBOR SHORE DR -MOKOMIS FL Brall		☐ DELETE	2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITUE	T-ZIP ADDRESS					
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Hongar B

2/99 941-758-9024